

**Massachusetts All-Payer Claims Database
Monthly Technical Assistance Group (TAG) Conference Call
Meeting Notes**

Date: Tuesday, August 9, 2011

Time: 2:00 pm – 3:00 pm EST

Conference Line: 888-710-9336; Pass Code: 3306530

Attendees: Aetna, Allstate Life Insurance Company, American Progressive Life and Health Insurance Company of New York, Blue Cross Blue Shield of MA, Boston Medical Center HealthNet Plan, Celticare of Massachusetts, Cigna Health, Inc., ConnectiCare, Connecticut General Life Insurance Co., Division of Health Care Finance and Policy, Envision Pharmaceuticals Services, Inc., Express Scripts Inc, Fallon Community Health Plan, Golden Rule Insurance Company, Hartford Life and Accident Insurance Company, Hartford Life Insurance Company, Harvard Pilgrim Health Care, Health New England, Inc., Health Plans Inc., Horizon Blue Cross and Blue Shield of NJ, Medco Health Services, New England Dental Administrators, Pennsylvania Life Insurance Company, Time Insurance Company, Tufts Health Plan, UltraBenefits, Inc., UMR, Inc., UniCare Life and Health Insurance Company, Union Security Insurance Company, United Healthcare Group, Wellpoint, Inc., Zenith Administrators, Inc.

The Division of Health Care Finance and Policy (Division) convenes a monthly technical assistance group (TAG) conference call with health care payers to discuss the all-payer claims database (APCD) implementation and provide technical support to the group. The following is a summary of the meeting from Tuesday, August 9, 2011:

I. Welcome and Introduction

Y. Joo welcomed everyone to the Massachusetts all-payer claims database (APCD) technical assistance group (TAG) conference call and conducted a roll call of payer participants. Y. Joo thanked payers for joining the TAG call and for their engagement with the Division to make the implementation of the APCD successful. He reviewed the TAG call agenda with payers.

II. APCD Administrative Updates

a. TAG call summary notes (July 2011 meeting) available on the APCD website

- The Division is committed to providing payers with the documentation and support necessary to ensure the successful implementation of the APCD. While the Division encourages full payer participation on the TAG calls, the Division recognizes that some payers are not able to participate and therefore has made meeting summary notes available for download on the APCD website (www.mass.gov/dhcfp/apcd) under USER RESOURCES

to ensure important information is available to all. The meeting notes for July 12, 2011 are available on the APCD website.

- Y. Joo reminded payers that the Division plans to launch the APCD Technical and Analytic workgroups with a kick-off event in September. A formal announcement will be distributed through the Division's email list at the end of August.

III. Technical Support

a. Payer Specific Questions

- Mary Poulin (Tufts Health Plan) asked a question that was posed by email prior to the call regarding **MC028 – Service Provider First Name** when it is a Physician Group. The Division agreed to provide a detailed response to the question by email.

(*Note: The Division has provided the detailed information below to address the specific question asked by Mary Poulin and to assist other payers who had expressed interest in receiving this information.)

Submitters that are reporting Physician/Professional Groups on the MC file should follow the directions below by indicating a non-person entity.

To report a Physician or Professional Group on the MC file, complete the following elements in this manner **(The elements defined below are just the defining required elements for this process and do not represent the full suite of required elements for reporting):**

MC024; Service provider Number = a matching ID as reported on the Provider File (PV) in element **PV002** – see below for more information on how APCD expects the record to be formatted.

MC029; Service Provider Entity Type = report 2 (non-person entity)

MC028; Service Provider First Name = report null

MC029; Service Provider Middle Name = report null

MC030; Service Provider Last Name - or – Organization Name = report Physician Group Name

MC031; Service Provider Suffix = report null

PV002; Plan Provider ID = report the ID that identifies the Physician Group

PV003; Tax ID = the Tax ID of the Physician Group (can be EIN, TIN or FEIN)

PV008; Last Name = report null

PV009; First Name = report null

PV010; Middle Initial = report null

PV011; Suffix = report null

PV012; Entity Name = report Physician Group Name

PV013; Entity Code = report 31 (Other, because this is used currently to ID facilities only)
PV034; Provider ID Code = report 3 (Professional Group)
PV039; National Provider ID (NPI) = the NPI that is associated with the Tax ID in PV003

Additionally, to report the individuals associated with the Physician/Professional Group, complete their records in this manner:

PV002; Plan Provider ID = report the ID that identifies the individual
PV003; Tax ID = the Tax ID of the individual or SSN/TIN
PV008; Last Name = report the last name of the individual
PV009; First Name = report the first name of the individual
PV010; Middle Initial = report the middle initial of the individual
PV011; Suffix = report any filial suffix in two-digit format (Jr, Sr, II or 3d)
PV012; Entity Name = report null
PV013; Entity Code = report null
PV034; Provider ID Code = report 1 (Person, physician, clinician etc)
PV039; National Provider ID (NPI) = the NPI that is associated with the Tax ID in PV003
PV056; Provider Affiliation = report the **PV002** ID of the Physician Group (outlined above – submitters can report as many affiliations as they have on file for any entity, person or non-person)

As you can see, PV002 acts as the linking mechanism. By using just one element (PV002), the APCD is able to allow submitters to report several affiliations for any one give provider (person or non-person). When a provider reported on the PV file has not PV056 reported on it, it is considered a Master Record or top of the reporting chain. It is expected that some person entities will have more than one affiliation and that they will be reported several times in a single PV File and linked by the data reported in PV056.

The process above describes Physician/Professional Group linkage, but this can also be used to link people to facilities (RNs that float from hospital to hospital, site to site, etc).

- Nancy Dillon (Northeast Delta Dental Administrators) asked for a status update regarding the formal reporting extension request that was submitted for the Division's review. Y. Joo stated that the Division is working to review extension requests from payers and will be responding with a formal response letter by the end of August.
- Linda Fitzgerald (Express Scripts) asked how long reports remain available on INET for payers to access. M. Prettenhofer stated that the Division can follow-up to provide more details but believes the

reports are accessible through INET for a very long time. Payers who have any concerns about not having access to historical reports for future use should contact their liaisons.

IV. Additional Items and Next Steps

- The **next TAG call scheduled for Tuesday, September 13th from 2pm – 3pm EST** and subsequent conference calls are scheduled for the 2nd Tuesday of each month.

Meeting Adjourned at 2:30 P.M.